**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/519,445
Filing Date	with an effective filing date of June 26, 2003
First Named Inventor	Jürgen LEGNER
Group Art Unit	3681
Examiner Name	Richard M. LORENCE
Total No. of Pages in this Submission: 22	Attorney Docket Number ZAHFRI P705US

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input checked="" type="checkbox"/> Drawings (8) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard Submission of Proposed Dwg Amend
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REMARKS**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

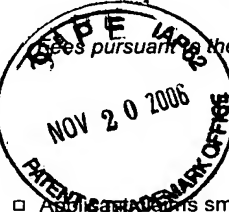
Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 17, 2006	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 17, 2006.

Type or printed name	Michael J. BUJOLD
Signature	Date: November 17, 2006 (lfb)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

 <p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FREE TRANSMITTAL For FY 2006</p> <p><input type="checkbox"/> Applicant is small entity status. See 37 CFR 1.27</p>	Complete if Known	
	Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/519,445 with an effective filing date of June 26, 2003 Jürgen LEGNER Richard M. LORENCE 3681

TOTAL AMOUNT OF PAYMENT: \$1,020	Attorney Docket No. ZAHFRI P705US
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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

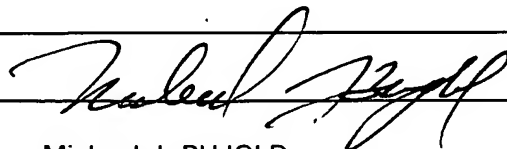
Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

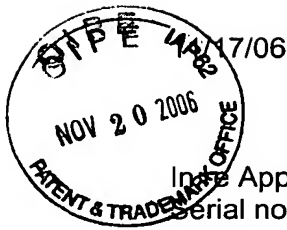
4. OTHER FEE(S)

Petition for 3-month Extension of Term (Large) **\$1,020.00**

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018 Date: November 17, 2006



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of	:	Jürgen LEGNER
Serial no.	:	10/519,445
Filed	:	with an effective filing date of June 26, 2003
For	:	HYDRAULICALLY ACTUATED SYNCHRONIZED TRANSMISSION
Group Art Unit	:	3681
Examiner	:	Richard M. LORENCE
Docket	:	ZAHFRI P705US

The Commissioner for Patents
U.S. Patent & Trademark Office
P. O. Box 1450
Alexandria, VA 22313-1450

**SUBMISSION OF PROPOSED DRAWING AMENDMENTS
FOR APPROVAL BY EXAMINER (37 CFR 1.123)
AND NEW REPLACEMENT SHEETS OF DRAWINGS**

Dear Sir:

Attached hereto please find a copy of FIGS. 1, 3, 5 and 7 of the pending drawings with red ink markings showing the proposed changes to the drawings of this application for which the approval of the Examiner is requested. **Also enclosed is new Replacement Sheets of drawings which incorporate all of the requested drawing amendments.**

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

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